YOUTH SERVICES EMPLOYEE GRIEVANCE FORM

Grievant's Name:	Jnit/Section:	
Date Grieved Event Occurred: Da	e Grievance Filed:	
FIRST STEP		
Grievance Statement: (check one) □ written below		
Relief Sought: (check one)	□ see attachment	
Grievant's signature:	Date:	

c: Unit Human Resources Office

FIRST STEP RESPONSE

Given by:	Job Title:		
Response is: (check one)	written below OR	□ see attachment	
Signature:		Date:	
Employee response:			
I am satisfied with	the answer to my gr	ievance.	
I am not satisfied referred to the Se	•	y grievance and I wish to have it	
Grievant's Signature:		Date:	
c: Central Office Human Res (Copy of response is to be within 7 calendar days fol	e given to employee and	I Central Office Human Resources Office evance.)	

SECOND STEP

Second Step Response:				
Given by:		Job Title:		
Response is: (check one)	□ written below <u>(</u>	<u>OR</u> □ see att	achment	
Section Head's signature	:		_ Date:	
Employee response:				
I am satisfied wi	th the answer to my	grievance.		
I am not satisfie referred to the T		o my grievance	and I wish to have it	
Grievant's signature:			Date:	

c: Central Office Human Resources Office (Copy of response is to be given to employee, Central Office Human Resources Office and all parties involved within 14 calendar days after receipt of the grievance at Step Two.)

THIRD STEP

Decision of appointing authority or designee: Response is: (check one) □ written below OR □ see attachment Signature of appointing authority or designee: Date: _____ (A final, written decision shall be issued by the Deputy Secretary or designee within 14 calendar days of receipt of the appeal of the Step Two decision.)

(Copy of response is to be given to employee, Central Office Human Resources Office and all

parties involved within 14 calendar days after receipt of the grievance at Step Three.)